

\*tax will be added to  
this cost - see invoice

### MAINTENANCE SERVICES AGREEMENT – MorphoDent

This Agreement is made and entered into by and between MORPHOTRAK, LLC, ("MORPHOTRAK") and the customer identified below ("Customer"). Customer hereby orders, and MORPHOTRAK hereby agrees to provide, support services for the Equipment and Software during the Coverage Period in accordance with the Terms and Conditions set forth below. MORPHOTRAK may revoke this offer at any time prior to receipt of Customer's signature.

#### TERMS AND CONDITIONS

Maintenance Coverage Period:	Effective Start Date: March 8, 2018	End Date: February 28, 2019
1. Customer's Site(s): Fairfield Police Department SA# 003914-002		
2. Initial Annual Fee: MorphoDent Solution \$525.00 subject to 5% escalation in each subsequent year		
3. Access to MorphoTrak Customer Support Center: Ph: 1-800-734-6241. Regular Business Hours are 8:00 am – 5:00 pm, local time at Customer site. After hours calls receive a response next business day from a MorphoTrak Customer Service Technician.		
4. Unit Failure: MORPHOTRAK will only repair or replace failed unit(s) that exhibit normal wear and tear. MORPHOTRAK will not repair or replace units which fail due to abuse or improper operation and handling. If unit fails and Customer contacts MORPHOTRAK by 3:00 pm local time (at Customer Site), MORPHOTRAK will ship a replacement unit to the Customer Site via two-day air.		
5. Automatic Renewal: The Initial Term of this Post-Warranty Agreement shall be one year from the date of warranty expiration. Following expiration of the Initial Term indicated above, this Agreement shall automatically renew on an annual basis unless either party issues written notice		

#### CUSTOMER:

By (Signature):

*Dawn Shepherd*

Printed Name: Dawn Shepherd #83276

Title:

Manager - Records, Property  
and Facilities

Address:

FAIRFIELD POLICE DEPARTMENT  
1000 WEBSTER ST.  
FAIRFIELD, CA 94533

Date Signed:

#### MORPHOTRAK, LLC:

By (Signature):

Printed Name: Walt Scott

Title:

Vice President

Address:

5515 East La Palma Avenue

Suite 100

Date Signed:

#### DESCRIPTION OF SUPPORTED EQUIPMENT AND SOFTWARE

The Equipment shall consist of: (3) MorphoDent Devices

The Software shall consist of: MorphoMobile Windows XP/7 application